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THE COMMISSIONER IS NOT AUTHORIZED
TO CHARGE ANY DEFICIENCY IN THE
FEE FOR THIS PAPER TO DEPOSIT
ACCOUNT NO. 23-0975

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : **Confirmation No. 3656**
Hiroshi MIZUI et al. : Attorney Docket No. 2006_1125A
Serial No. 10/588,151 : Group Art Unit 3747
Filed August 1, 2006 : Examiner Carl S. Miller
FUEL INJECTION SYSTEM : **Mail Stop AMENDMENT**

PATENT OFFICE FEE TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Attached hereto is a check in the amount of \$220.00 to cover Patent Office fees relating to filing the following attached papers:

Additional Claims Fee Transmittal Letter

Excess of Twenty \$
Independent \$220.00
Multiple Dependent Fee \$

Other: \$

The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.

Respectfully submitted,

Hiroshi MIZUI et al.

By Charles R. Watts
Charles R. Watts
Registration No. 33,142
Attorney for Applicants

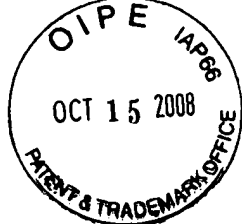
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October 15, 2008

[Check No. 87817]

2006_1125A



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ADDITIONAL CLAIMS FEE TRANSMITTAL LETTER

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FEES FOR THIS PAPER TO DEPOSIT
ACCOUNT NO. 23-0975

Sir:

Transmitted herewith is an Amendment in the above-identified application. Additional fees required as a result of this Amendment are calculated as follows:

	SMALL ENTITY		LARGE ENTITY
Total Claims exceeding 20 (not already paid for): x	(\$ 26 = \$)	or	(\$52 = \$)
Indep. Claims exceeding 3 (not already paid for): 1 x	(\$110 = \$)	or	(\$220 = \$220)
<input type="checkbox"/> Multiple Dep. Claim(s) (if there previously were none): +	(\$195 = \$)	or	(\$390 = \$)
Total Additional Fee =	<u>\$</u>	or	<u>\$220.00</u>

- ☐ Small entity status of this application has been previously asserted.
- ☐ Small entity status of this application is established by the verified statement under 37 C.F.R. 1.9 and 1.27 which
- ☐ is enclosed or
 - ☐ has been previously submitted.


[X] A check in the amount of \$220.00 is enclosed.

☐ Please charge Deposit Account No. 23-0975 the amount of \$ to cover additional fee. The Commissioner is authorized to charge any deficiency associated with this communication or to credit any overpayment to the Deposit Account. The original and two copies of this document are enclosed.

The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.

Respectfully submitted,

Hiroshi MIZUI et al.

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